

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

NOV 1 2011

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File with: City or Town Clerk or Election Commission

Reporting Period dates:

Beginning Date:

20 APR 11

Ending Date:

21 OCT 11

pe of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

WINNIE HENRY DWIGHT

Candidate Full Name (if applicable)

CITY COUNCILOR - AT LARGE

Office Sought and District

39 MYRTLE ST. NORTHAMPTON, MA 01060

Residential Address

Telephone Number (optional):

413-584-2814

COMMITTEE TO ELECT BILLY DWIGHT

Committee Name

WITTER BROOKE

Name of Committee Treasurer

53 PROSPECT AVE, NORTHAMPTON, MA 01060

Committee Mailing Address

Telephone Number (optional):

413-695-7821

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 0.00

Line 2: Total receipts this period (page 3, line 11)

18,822.00

Line 3: Subtotal (line 1 plus line 2)

18,822.00

Line 4: Total expenditures this period (page 5, line 14)

\$ 13,323.80

Line 5: Ending Balance (line 3 minus line 4)

5496.20

Line 6: Total in-kind contributions this period (page 6)

1,105.95

Line 7: Total (all) outstanding liabilities (page 7)

100.00

Line 8: Name of bank(s) used:

FLORENCE SAVINGS BANK

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 27 Oct 11

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 10-27-11

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.  
(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/12/2011	GLEN AGNA 50 FINN ST NORTH HAMPTON, MA 01060	100.00	
5/31/2011	PATRICIA ARBOUR 129 NANTUCKET ST FLORENCE, MA 01062	100.00	
10/18/2011	CATHERINE BAKER 11 KENSINGTON AVE NORTHAMPTON, MA 01060	75.00	
5/31/2011	LISA BASKIN 395 AUDUBON RD LEEDS, MA 01053	200.00	HISTORIAN. SELF
5/31/2011	RITA BLUMMAN 18 HAMPTON TERR NORTHAMPTON, MA 01060	300.00	WRITER - SELF
10/13/2011	WILLIAM BOUTELLE 143 SOUTH MAIN ST FLORENCE, MA 01060	75.00	
4/21/2011 9/20/2011	WITTER BROOKE 53 PROSPECT AVE NORTHAMPTON, MA 01060	100.00 100.00	RETIRED
10/1/2011	LEWIS M. COHEN 51 HARRISON AVE NORTHAMPTON, MA 01060	250.00	PSYCHIATRIST BAYSTATE HEALTH
10/13/2011	COHEN LARIE 203 STATE ST. NORTHAMPTON, MA 01060	150.00	
5/31/2011	JOHN DI BARTOLO 26 COVERDALE ST. FLORENCE, MA 01062	500.00	ATTY. - SELF
8/21/2011	JAMES DONNELLY 4 ADRICH ST NORTHAMPTON, MA 01060	100.00	
9/13/2011	ADAM DUNETZ 9 3/4 MARKET ST - A NORTHAMPTON, MA 01060	100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/23/2011	PAUL B. DWIGHT 91 HAWLEY ST. NORTHAMPTON, MA 01060	100.00	
5/31/2011	LILL DWIGHT 45 S. MILL RIVER RD. SOUTH DEERFIELD, MA 01373	100.00	
5/19/2011	RYAN DWIGHT 22042 CATARINA CIR. HUNTINGTON BEACH, CA 92646	250.00	BUS. MGR. DWIGHT LAW GROUP
6/1/2011	MARIA DWIGHT 3363 MOORE ST LOS ANGELES CA 90066	500.00	EXEC. DIRECTOR GERONTOLOGICAL SYS. INC.
6/16/2011	DONALD DWIGHT 17 MAPLE LN LYME, NH 03768	500.00	CONSULTANT SELF
10/2/2011	WILLIAM DWIGHT 39 MYRTLE ST. NORTHAMPTON, MA 01060	500.00	RETIRED
10/2/2011	WILLIAM DWIGHT 39 MYRTLE ST NORTHAMPTON, MA 01060	1000.00	RETIRED <u>LOAN</u>
6/10/2011	AUNE FINE 18 SUMNER ST. FLORENCE, MA 01062	100.00	
5/15/2011	EMORY FORD 364 SPRING ST. FLORENCE, MA 01062	100.00	
9/26/2011	SUZANNE GORROW 406 ROCKY HILL RD. FLORENCE, MA 01062	75.00	
3/31/2011	ALEX GHISELIN 164 RIVERSIDE DR. FLORENCE, MA 01062	75.00	
5/31/2011	MAURA GLENNON 53 FLORENCE RD. FLORENCE, MA 01062	100.00	
5/5/2011	PAT GOGGINS 671 NORTH FARMS RD. NORTHAMPTON, MA 01062	250.00	REALTOR GOGGINS R.F.

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

\* itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/17/2011	ALFRED GRIGGS 9 BARRETT PR. NORTHAMPTON, MA 01060	250.00	RETIRED
9/18/2011	CARL GUEPEN 4 CRESCENT ST. NORTHAMPTON, MA 01060	150.00	
4/23/2011	HEIDI HASS 16 STINSON AVE NORTHAMPTON, MA 01062	150.00	
9/15/2011	DAWN & KRISTIN HARKINS 694 EDGEHILL RD. FARMINGHAM, MA 01701	150.00	
5/17/2011	BRUCE HAWKINS 26 CRESCENT ST. NORTHAMPTON, MA 01060	100.00	
5/31/2011	PATRICIA HEALY 21 LONG FENOW DR. FLORENCE, MA 01062	75.00	
4/21/2011	JONATHAN LITE BEDFORD CT. AMHERST, MA 01002	100.00	
10/12/2011	SOT JHALNY 608 MASONIC ST NORTHAMPTON, MA 01060	200.00	EXEC. DIR. MEDIA EDUCATION FOUNDATION
6/14/2011	GAROL JOHNSON 215. SUNSET AV AMHERST, MA 01002	100.00	
5/25/2011	D. RAE KORENGOLD 80 DEPOT RD. HAYDENVILLE, MA 01039	100.00	
5/20/2011	JULIE KUROSE 30 MONROE ST. NORTHAMPTON, MA 01060	100.00	
7/29/2011	SALLIE JEAN LAKE 35 WASHINGTON AVE NORTHAMPTON, MA 01060	100.00	
4/23/2011	DORA LEWIS 18 MONTVIEW AVE NORTHAMPTON, MA 01060	250.00	SPIRITUAL COUNSELOR SELF
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/2/2011	LIDA L. LEWIS 39 MYRTLE ST. NORTHAMPTON, MA 01060	500.00	TEACHER HOLYOKE COMM. COLL.
8/28/2011	KIM MAITLAND 405 BELLUS RD. ASHFIELD, MA 01330	75.00	
5/21/2011	DAKE MELCHIOR 81 LYMAN RD. NORTHAMPTON, MA 01060	250.00	LABOR EXT. COORDINATOR UMASS
5/26/2011	SUSAN MIKULA 136 WEST ST - 100 D NORTHAMPTON, MA 01060	500.00	ARTIST SELF
4/23/2011	JAMES NASH 18 MONTVIEW AVE NORTHAMPTON, MA 01060	250.00	CONSULTANT CAREERWORKS
9/25/2011	DOROTHY J. NEMETZ 44 MONROE ST. NORTHAMPTON, MA 01060	75.00	
5/21/2011	WILLIAM NEWMAN 39 MAIN ST NORTHAMPTON, MA 01060	250.00	ATTY. LESSER, NEWMAN, & NASSER
9/19/2011	REBECCA J. NUGENT 59 INDIAN OVEN RD. WORTHINGTON, MA 01098	150.00	
9/18/2011	JEFFREY A. PAHM 46 MAPLE RIDGE RD FLORENCE, MA 01062	100.00	
5/31/2011	VIJAY PRASHAD 2911 PROSPECT ST. NORTHAMPTON, MA 01060	100.00	
3/24/2011	JOHN PUCCI 173 MAPLE RIDGE RD. NORTHAMPTON, MA 01062	100.00	
7/8/2011	LUKE RYAN 27 COOLIDGE AVE. NORTHAMPTON, MA 01060	100.00	
5/30/2011	STEVEN SAUTER 65 SOUTH ST - 6 NORTHAMPTON, MA 01060	100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/31/2011	PAMELA SCHWARTZ 22 COLUMBUS AVE. NORTHAMPTON, MA 01060	100.00	
4/29/2011	GINA-LOUISE SCIARRA 145 STATE ST. NORTHAMPTON, MA 01060	300.00	CONSULTANT SELF
5/31/2011	ALAN SEEWALD 60 REUBEN AVE. NORTHAMPTON, MA 01060	100.00	
4/23/2011	ELIZABETH SILVER 69 WILLOW ST. FLORENCE, MA 01062	100.00	
9/26/2011	MARIE SILVER 21 MOUNTAIN LAUREL PATH FLORENCE, MA 01062	100.00	
5/31/2011	JOHN SKIBISKI 50 HASTINGS HTS FLORENCE, MA 01062	100.00	
6/13/2011	GORDON G. THORNE 90 FRANKLIN ST. NORTHAMPTON, MA 01060	200.00	ART DEALER A.P.F. GALLERY
9/18/2011	MICHAEL T. THURSTON 15 UPWARD RD LEEDS, MA 01053	100.00	
4/18/2011	MIKAEL WEISS 26 MAIN ST - 5TH FLOOR NORTHAMPTON, MA 01060	400.00	ATTY, BURROWS, WEISS, & BLOOMBERG
5/23/2011	RICHARD WHITING 195 TURKEY HILL RD. FLORENCE, MA 01062	150.00	
10/3/2011	JONATHAN A. WRIGHT 91 OWANDEE DR. NORTHAMPTON, MA 01060	250.00	CONTRACTOR WRIGHT BUILDERS

Line 9: Total Receipts over \$50 (or listed above)

\$12,275.00

Line 10: Total Receipts \$50 and under\* (not listed above)

\$6547.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$16,822.00

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE B: EXPENDITURES

113

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/18/2011	WILKINSON CHINDS	12 PINE ST NORTHAMPTON, MA 01062	1/2 COST MOVIE RIGHTS	\$125.00
7/2/2011	COLLECTIVE COPIES	93 MAIN ST-1 FLORENCE, MA 01062	PRINTING EPHEMERA	141.09
3/11/2011	CONNECTIVE COPIES	93 MAIN ST-1 FLORENCE, MA 01062	PRINTING EPHEMERA	100.00
10/7/2011	CONNECTIVE COPIES	93 MAIN ST-1 FLORENCE, MA 01062	PRINTING EPHEMERA	170.17
9/12/2011	COMMONLY PRINTING	178 GILL ST WOBURN, MA 01801	LAWN SIGNS	1044.69
10/13/2011	COMMONLY PRINTING	178 GILL ST WOBURN, MA 01801	DIRECT MAIL PIECE	4387.46
10/7/2011	DAILY HAMPSHIRE GAZETTE	115 CONZ ST NORTHAMPTON, MA 01060	SIGNATURE AD	1578.00
6/22/2011	DEMOCRATIC PARTY MASS.	77 SUMMER ST BOSTON, MA 02110	VOTE BUILDER (112)	375.00
9/20/2011	DEMOCRATIC PARTY MASS.	77 SUMMER ST BOSTON, MA 02110	VOTE BUILDER (212)	375.00
10/6/2011	ECLIPSE	186 MAIN ST NORTHAMPTON, MA 01060	RMBS	70.00
9/9/2011	THE GREEN BEAN	241 MAIN ST NORTHAMPTON, MA 01060	RMBS	75.00
10/6/2011	HOLY SMOKE LTC	52 AUBA TURNERS FANS, MA 01326	RMBS	70.00

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
8/15/2011	IMPROBABLE INK	73 AUDUBON RD LEEDS, MA 01053	WEB SITE REDESIGN	\$150.00
6/4/2011	MASS ALLIANCE	8 BEACON ST BOSTON, MA 02108	TRAINING (CAMP. MGR.)	80.00
10/10/2011	NORTHAMPTON RENTALS	59 SUE. CTR. RD. NORTHAMPTON, MA 01060	POPCORN MACHINE CHAIRS	110.62
5/19/2011	(CITY OF) NORTHAMPTON	212 MAIN ST. NORTHAMPTON, MA 01060	VOTERS LIST	59.00
8/15/2011	TOM PAPPAVARDO	BOY 880 NORTHAMPTON, MA 01061	GRAPHIC DESIGN	125.00
6/22/2011	GINA-LOUISE SCIARRA	145 STATE ST NORTHAMPTON, MA 01060	RMBS DONNEALY COAT BUMPER STICKERS	368.00 346.00
6/22/2011	GINA-LOUISE SCIARRA	145 STATE ST NORTHAMPTON, MA 01060	RMBS BANNER	148.00
6/22/2011	GINA-LOUISE SCIARRA	145 STATE ST. NORTHAMPTON, MA 01060	RMBS MILEAGE	110.00
6/22/2011	GINA-LOUISE SCIARRA	145 STATE ST. NORTHAMPTON, MA 01060	RMBS FLORENCE CIVIC CENTER RENTAL	75.00
6/22/2011	GINA-LOUISE SCIARRA	145 STATE ST. NORTHAMPTON, MA 01060	RMBS SUNATISE PRINTING STICKERS	212.50
10/9/2011	GINA-LOUISE SCIARRA	145 STATE ST. NORTHAMPTON, MA 01060	RMBS CHILDEARE	1251.25
9/8/2011	SPORETO, INC.	50 MAIN ST NORTHAMPTON, MA 01060	RMBS	150.00
10/16/2011	STAPLES	122 N. KING ST. NORTHAMPTON, MA 01060	PRINTER SUPPLIES	87.08

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/9/2011	BILL CHILDS	12 PINES ST 01062 NORTHAMPTON, MA	1/2 of movie RIGHTS	\$125.00
5/15/2011	VALERIE DWIGHT	730 MAIN ST FLORENCE, MA 01062	CONSTANT CONTACT	170.00
5/31/11	ECLIPSE	186 MAIN ST NORTHAMPTON, MA 01060	FOOD (RMBUSD)	70.00
5/31/11	GREEN BEAN	241 MAIN ST NORTHAMPTON, MA 01060	FOOD (RMBUSD)	75.00
5/31/2011	HOLY SMOKE'S	52 AV A TURNERS FALLS MA 01376	FOOD (RMBUSD)	70.00
5/31/2011	SPONETO, INC.	50 MAIN ST NORTHAMPTON MA 01060	FOOD (RMBUSD)	150.00
5/31/2011	SYLVESTER'S	111 PHEASANT ST NORTHAMPTON, MA 01060	FOOD (RMBUSD)	52.00
			Line 15: In-Kind Contributions over \$50 (or listed above)	712.00
			Line 16: In-Kind Contributions \$50 & under (not listed above)	393.95
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	405.95

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
10/2/2011	WILLIAM DWIGHT	34 MYRTLE ST. NORTHAMPTON, MA 01060	CANDIDATE SELF-LOAN	1000.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				10,000.00



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		8.2.2011
Name of Individual Being Reimbursed:	STATE STREET FRUIT STORE	
Committee Name:	Committee to elect Bill Dwight	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

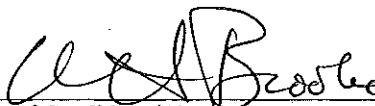
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 8.2.2011

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		5.23.11
Name of Individual Being Reimbursed:	GINA LOUISE SCIARRA	
Committee Name:	COMMITTEE TO ELECT BILL DUCHET	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5.23.11	DONNELLY CONT	P.O. BOX 186 HAMPTON, CT 06247	BUNDLED STICKERS	346-

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

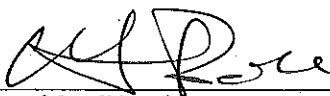
346.00

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

346.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.8.11
Name of Individual Being Reimbursed:	SPOLETO, INC.	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9.8.11	SPOLETO, INC.	50 MAIN ST NORTH HAMPTON, MA 01900	FOOD	150 -

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):


150 -

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

150 -

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.9.11
Name of Individual Being Reimbursed:	THE ROOST	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional):


### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	45-
Line 3: TOTAL AMOUNT REIMBURSED:	45-

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

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Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.9.11
Name of Individual Being Reimbursed:	LA VERACRUZANA	
Committee Name:	COMMITTEE TO ELECT BILL DUGG	
CPF ID Number (if applicable):		Telephone Number (optional): 415.695.7821

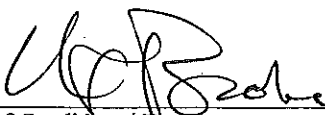
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	50.00
Line 3: TOTAL AMOUNT REIMBURSED:	50.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.





Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10.6.2011
Name of Individual Being Reimbursed:	HOLY SMOKE LTC	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10.9.11	HOLY SMOKE LTC	52 AVE A TURNERS FALLS, MA 01326	FOOD	70.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.8.2011
Name of Individual Being Reimbursed:	WAY MARKET CAFE	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

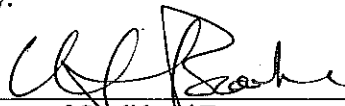
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

  
Signature of Candidate/ Treasurer

Date: 30 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10.9.11
Name of Individual Being Reimbursed:	HEIDI HASS	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

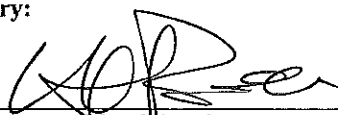
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	46.00
Line 3: TOTAL AMOUNT REIMBURSED:	46.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.9.2011
Name of Individual Being Reimbursed:	GREEN BEAN	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7801

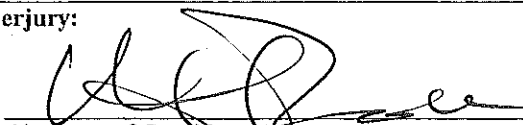
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9.9.11	GREEN BEAN	241 MAIN ST NORTHAMPTON, MA 01060	FOOD	75.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	75.00
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	75.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 30. Oct. 11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10.6.2011
Name of Individual Being Reimbursed:	GREAT WAHL	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/6/2011	GREAT WAHL	178 PINE ST FLORENCE, MA 01062	FOOD	50.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10/6/11
Name of Individual Being Reimbursed:	ECLIPSE RESTAURANT	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413-695-7821


### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/6/11	ECLIPSE	186 MAIN ST. NORTHAMPTON, MA 01060	FOOD	70.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	70.00
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	70.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 30-Oct-11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		8/2/11
Name of Individual Being Reimbursed:	CUP & TOP	
Committee Name:	COMMITTEE TO ELECT BILLY DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413-695-7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/2/11	CUP & TOP	1 NORTH MAIN ST FLORENCE, MA 01062	Food	50.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):


50.00

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

50.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 30 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	6.22.11
Name of Individual Being Reimbursed:	GINA - LOUISE SCIARRA
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT
CPF ID Number (if applicable):	
Telephone Number (optional):	413.695.7821


### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5.19.11	DONNELLY COAT	P.O. BOX 188 HAMPTON, CT 06247	BUMPER STICKERS	390.00
5.4.11	SUNRAISE PRINTING	322 RUSSELL ST NADLEY, MA 01035	STICKERS	212.50
5.19.11	DONNELLY COAT	P.O. BOX 188 HAMPTON, CT 06247	SHIPPING	20.00
6.12.11	GINA - LOUISE SCIARRA	145 STATE ST NORTHAMPTON, MA 01060	MILEAGE	110.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	880.50
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	880.50

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 30 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.





Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		8.3.2011
Name of Individual Being Reimbursed:	BELA RESTAURANT	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

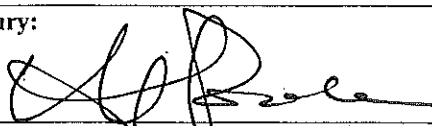
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/3/11	BELA	68 MASONIC ST NORTHAMPTON, MA 01060	REMBRS - FOOD	30.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	30.00
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	30.00

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate/Treasurer

Date: 30 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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Date of Reimbursement:		10/21/2011
Name of Individual Being Reimbursed:	ACHIE SURPLUS	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413-695-7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/21/2011	ACHIE SURPLUS	150 MAIN ST. NORTHAMPTON, MA 01060	RMBRS FOR CREDIT	47.65

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):


47.65

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

47.65

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 30 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <span style="border: 1px solid black; padding: 2px;">10/9/11</span>
Name of Individual Being Reimbursed:	<span style="border: 1px solid black; padding: 2px;">GIVA-LOUISE SCIARIZIA</span>
Committee Name:	<span style="border: 1px solid black; padding: 2px;">COMMITTEE TO ELECT BILL DWIGHT</span>
CPF ID Number (if applicable):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;">413.695.7821</span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6-10/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25
6/17/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25
6/24/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25
7/29/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25
8/5/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">1251.25</span>
Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Line 3: TOTAL AMOUNT REIMBURSED:	<span style="border: 1px solid black; padding: 2px;">1251.25</span>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 29 Oct 11

Please prepare a separate report for each reimbursement check issued by the committee.

## ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/12/11	SOPHIE LEWIS-NASH	18 MONTVIEW AVE NORTHAMPTON, MA 01060	CHILD CARE	63.00
8/19/11	MADDY STERN	152 STATE ST NORTHAMPTON, MA 01060	CHILD CARE	89.25
8/23/11	MADDY STERN	150 STATE ST. NORTHAMPTON, MA 01060	CHILD CARE	29.75
8/26/11	SOPHIE LEWIS-NASH	18 MONTVIEW AVE NORTHAMPTON, MA 01060	CHILD CARE	26.00
9/2/11	SOPHIE LEWIS-NASH	18 MONTVIEW AVE NORTHAMPTON, MA 01060	CHILD CARE	42.00
9/6/11	FARM HANDS CHILD CARE	FARM EDUC. COUN. 106 PETTICOAT HILL RD WILLIAMSBURG, MA 01096	CHILD CARE	140.00
9/16/11	FARM HANDS CHILD CARE	FARM EDUC. COUN. 106 PETTICOAT HILL RD. WILLIAMSBURG, MA 01096	CHILD CARE	140.00
9/30/11	FARM HANDS CHILD CARE	FARM EDUC. COUN. 106 PETTICOAT HILL RD. WILLIAMSBURG, MA 01096	CHILD CARE	140.00
10/7/11	FARM HANDS CHILD CARE	FARM EDUC. COUN. 106 PETTICOAT HILL RD. WILLIAMSBURG, MA 01096	CHILD CARE	140.00
Page 2 Total (add to Line 1 on Page 1):				805



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9.8.2011
Name of Individual Being Reimbursed:	SYLVESTER'S RESTAURANT	
Committee Name:	COMMITTEE TO ELECT BILL DWIGHT	
CPF ID Number (if applicable):		Telephone Number (optional): 413.695.7821

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9.8.11	SYLVESTER'S REST.	111 PRENSANT ST. NORTHAMPTON, MA 01060	FOOD	52 -

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

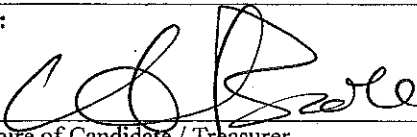
52 -

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

52 -

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 10.30.11

Please prepare a separate report for each reimbursement check issued by the committee.